

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment

Request for Applications (RFA) No. TI 03-001

Grant Program to Provide Substance Abuse Treatment and Reentry Services to Sentenced Juveniles and Young Offenders Returning to the Community from the Criminal Justice System

Short Title: Young Offender Reentry Program

Part I- Programmatic Guidance

Application Due Date: January 17, 2003

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*This program is being announced prior to the full annual appropriation for fiscal year (FY) 2003 for the Substance Abuse and Mental Health Services Administration's (SAMHSA) programs. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2003 to permit funding of a reasonable number of applications being hereby solicited. This program is being announced in order to allow applicants sufficient time to plan and to prepare applications. Solicitation of applications in advance of a final appropriation will also enable the award of appropriated grant funds in an expeditious manner and thus allow prompt implementation and evaluation of promising projects. All applicants are reminded, however, that we cannot guarantee sufficient funds will be appropriated to permit SAMHSA to fund any applications. Questions regarding the status of the appropriation of funds should be directed to the Grants Management Officer listed under "The How To Get Help" section in this announcement.

Table of Contents

[Note to Applicants: To prepare a complete application, “Part II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements,” must be used in conjunction with this document, “Part I - Programmatic Guidance.”]

Agency.....	1
Purpose of this Announcement.....	1
Who Can Apply.....	1
Requirement for Memorandum of Understanding.....	2
Requirements for Substance Abuse Treatment Providers.....	3
Application Kit.....	4
How to Get an Application Kit.....	4
Where to Send the Application.....	4
Application Due Date.....	5
How to Get Help.....	5
Award Criteria.....	5
Program Overview.....	5
Target Population.....	5
Background.....	6
Program Expectations.....	7
Funding Restrictions.....	9
Evaluation Requirements.....	10
Government Performance and Results Act (GPRA).....	10
Local Evaluation.....	11
Post Award Requirements.....	11
Reporting Requirements.....	11
Other Requirements.....	12
What to Include in Your Application.....	13
Face Page.....	13
Abstract.....	13
Table of Contents.....	13
Budget Form.....	13
Project Narrative and Supporting Documentation.....	13
Appendices 1 Through 5.....	14
Assurances.....	14
Certifications.....	14
Disclosure of Lobbying Activities.....	14
Checklist.....	15
Project Narrative – Sections A through D.....	15

Section A: Understanding the Problem, Justification of Need,

and Project Description	15
Section B: Project Plan	16
Section C: Evaluation/GPRA	17
Section D: Project Management	18
SAMHSA Participant Protection Requirements.....	19
Special Considerations and Requirements.....	22
Appendices.	
Appendix A: National Treatment Plan.....	23
Appendix B: GPRA Strategy	24
Appendix C: CSAT GPRA Client Outcomes Measures.....	31
Appendix D: Proposed Number of Services Recipients-Guidelines and Definitions.....	37
Appendix E: Certification of Substance Abuse Treatment Provider Eligibility...	38

Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration

Purpose of this Announcement

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), is seeking applications for Fiscal Year 2003 funds to expand and/or enhance substance abuse treatment and related reentry services in agencies currently providing supervision of and services to **sentenced** juvenile and young adult offenders returning to the community from incarceration for criminal/juvenile offenses. Applicants are expected to form stakeholder partnerships that will plan, develop and provide community-based substance abuse treatment and related reentry services for the targeted populations. Because reentry transition must begin in the correctional or juvenile facility before release, funding may be used for limited activities in institutional correctional settings in addition to the expected community-based services. **(Note: see Program Expectations for allowable services in incarcerated settings.)**

It is expected that approximately \$6 million will be available for approximately 12-14 awards in FY 2003. The average annual award will range from \$300,000 to \$500,000 in total costs (direct and indirect). Cost-sharing is not

required in this program. **Applicants may request up to but no more than \$500,000 in total costs (direct and indirect) per year.** Actual funding levels will depend on the availability of funds. The amount of funds available will depend on the appropriation.

Applications with proposed budgets that exceed \$500,000 will be returned without review.

Awards may be requested for up to 4 years. Applicants may request up to six months of the first year for systems coordination planning and development. The planning phase is to be followed by the implementation of the reentry work plan including the delivery of treatment and other reentry services. After the first year, annual continuation awards will depend on the availability of funds, grantee progress in meeting grant goals and objectives and progress in meeting the Government Performance and Results Act (GPRA) requirements.

Who Can Apply?

The following entities are eligible to apply for this program:

Public and domestic private non-profit entities may apply. For example, the following may apply:

- State and local governments;
- Indian Tribes and tribal organizations;
- Courts;
- Community-based organizations; and
- Faith-based organizations.

Units of government may apply but may not submit “pass through”, “umbrella”, or “cover letter” applications. This means that as the applicant, a unit of government must take an active role in the oversight of the project, coordinate with the providers of treatment services, and be legally, fiscally, and administratively responsible for the grant. SAMHSA will screen applications before submission to review committees and those applications not indicating this degree of oversight will not be reviewed.

Prior to review, SAMHSA will screen applications for eligibility. Applications that do not meet eligibility requirements will not be reviewed.

Requirement for Memorandum of Understanding

SAMHSA/CSAT is seeking applications that represent a partnership of key stakeholders such as criminal/juvenile agencies (as appropriate to the juvenile or young adult population specified in your application), alcohol and drug abuse agencies, substance abuse treatment providers and community-based organizations providing treatment-related wrap around services for family and community reintegration. Therefore, all eligible entities that apply are required to enter into a **Memorandum of Understanding (MOU)** that must include but is not limited to the following partners in the application:

- The State or local Department of Corrections;

- The State or local Alcohol and Drug Abuse Agency;
- The State or local Mental Health Agency;
- The State or local juvenile/criminal justice agency responsible for community supervision upon release from incarceration (such as parole authority, after release judicial or probation agency, reentry court, community corrections supervision authority, youth release authority);
- Community-based substance abuse treatment agencies whose services will be used (Note: see **Requirements for Substance Abuse Treatment Providers** in this section); and
- Other Federal, State, or local government agencies and community-based organizations including faith-based organizations whose services will be used for ancillary reentry services, including housing assistance, job skills development, employment assistance, educational and vocational assistance, and family counseling, among other services.

Applications submitted by Indian Tribes and tribal organizations for juveniles and young adults returning from Tribal or Federal facilities must include the appropriate Tribal or Federal stakeholder agencies/organizations in lieu of State or local governmental entities, as appropriate.

The MOU must include:

- The commitment to participate for each required agency/organization;
- A letter of support from each required agency/organization;
- The proposed role and level of support of each stakeholder agency/organization;
- An outline for systems collaboration on providing treatment and reintegration services by the various partners; and
- The signature of each head of each required agency/organization on the MOU.

Because SAMHSA/CSAT recognizes that each State, Tribe, and local community differs in its ability to immediately implement the services proposed in the memorandum of understanding, awarded grantees will be allowed **up to 6 months of the first year of the grant** to develop any appropriate systems coordination among governmental agencies and community-based organizations, and to start the implementation of the proposed services expansion and/or enhancement. Applicants should clearly indicate the period of time, up to 6 months, needed in year one to develop a systems coordination plan and implement proposed services to the target population.

Note: Applicants must include the MOU in Appendix 2 of their application along with all other letters of support from project participants. Prior to review, SAMHSA will screen

applications. Applications that do not include the MOU with required signatures will not be reviewed.

Requirements for Substance Abuse Treatment Providers

SAMHSA/CSAT believes that only existing, experienced, and appropriately credentialed treatment providers with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Therefore, in addition to the basic eligibility requirements, applicants must meet three additional requirements related to the provision of substance abuse treatment.

1. Provision of direct substance abuse treatment, including brief interventions, must be part of the proposed project. Grants will not be awarded to applicants that propose only to provide screening, referral, or case management when these services are not clearly and specifically linked to treatment services. At least one provider of direct substance abuse treatment services must be identified within the proposal to provide treatment services. For the purposes of this program, treatment must be provided in outpatient, day treatment or intensive outpatient, or residential programs. If the applicant organization is not a direct provider of substance abuse treatment services, the applicant must document (in **Appendix 1 of the application**) a commitment from an experienced, licensed substance abuse treatment provider to participate in the proposed project.

2. All direct providers of substance abuse services involved in the proposed project – including the applicant organization, if the applicant is a provider – must be in compliance and, at the time the application is submitted must remain in compliance throughout the grant period, with all local, city, county and State requirements for licensing, accreditation, or certification.

3. All direct providers of substance abuse treatment services involved in the proposed project – including the applicant organization, if the applicant is a provider – must have been providing treatment services for a minimum of two years prior to the date of this application. At least one substance abuse treatment provider must meet the two-year requirement within the jurisdiction covered in the application. For instance, if the application is from a county government, the treatment provider must have two years experience in that county.

An applicant must complete the **Certification of Substance Abuse Treatment Provider Eligibility (See Appendix E of this document)** indicating that substance abuse treatment providers meet all the eligibility requirements. If an application does not contain the Certificate of Eligibility and required supporting documentation as part of **Appendix 1 of the application**, that application will not be reviewed.

Application Kit

SAMHSA application kits include the following:

1. PHS 5161-1 - (revised July 2000) - Includes the Face Page, Budget forms, Assurances, Certifications and Checklist.

2. PART I - of the Program Announcement (PA) or Request for Applications (RFA) includes instructions for the specific grant or cooperative agreement application. This document is Part I.

3. PART II - of the Program Announcement (PA) or Request for Applications (RFA)- provides general guidance and policies for SAMHSA grant applications. The policies in Part II that apply to this program are listed in this document under “Special Considerations and Requirements.”

You must use all of the above documents of the kit in completing your application.

How to Get an Application Kit:

- Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or
- Download **Part I, Part II and the PHS 5161-1** of the application kit from the SAMHSA web site at www.samhsa.gov. Click on “Grant Opportunities” and then “Current Grant Funding Opportunities.”

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs

Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

****Change the zip code to 20817 if you use express mail or courier service.**

Be sure to type "TI 03-001, Young Offender Reentry Program"

All applications MUST be sent via a recognized commercial or governmental carrier. Hand carried applications will not be accepted. Faxed or emailed applications will not be accepted. You will not be notified that your application has been received.

If you require a phone number for delivery, you may use (301) 435-0715.

Application Due Date

Your application must be received by January 17, 2003.

Applications received after this date must have a proof-of-mailing date from the carrier before January 10, 2003.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on program issues, contact:

Kenneth W. Robertson
Public Health Advisor
Systems Improvement Branch
Division of Services Improvement
CSAT/SAMHSA
Rockwall II/Suite 740
5600 Fishers Lane
Rockville, MD 20857
(301) 443-7612
E-Mail: kroberts@samhsa.gov

For questions on grants management issues, contact:

Stephan Hudak
Division of Grants Management
OPS/SAMHSA
5600 Fishers Lane/ Rockwall II, 6th floor
Rockville, MD 20857
(301) 443-9666
E-mail : shudak@samhsa.gov

Award Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as identified by the peer review committee and approved by the CSAT National Advisory Council.
2. Availability of funds.
3. Geographic distribution- SAMHSA/CSAT may limit the number of awards to applicants from any one State in order to

ensure that applicants from States with few or no grant awards from this program will have an opportunity to receive funding for proposed projects that are deemed worthy of funding via the peer and National Advisory Council review processes.

Program Overview

Target Population

SAMHSA/CSAT will grant awards that propose to expand and/or enhance substance abuse treatment and related reentry services in agencies currently providing supervision of and services to sentenced juvenile and young adult offenders returning to the community from incarceration for criminal/juvenile offenses. **(Note: See Appendix D: Proposed Number of Service Recipients-Guidelines and Definitions of this RFA for a definition of services expansion/enhancement.)**

This program addresses the needs of sentenced substance-abusing juveniles and young adult offenders returning to their families and community from adult or juvenile incarceration in facilities including prisons, jails, or juvenile detention centers. This grant program is not designed to address the needs of individuals in custody or detention settings awaiting adjudication.

SAMHSA/CSAT will award grants to applicants proposing to serve two specific young offender population categories:

Juveniles: Those sentenced offenders 14 years - up to 18 years old under the jurisdiction of the juvenile justice system (in those State jurisdictions where juvenile justice supervision extends up past 18 years of age, those “juveniles” are eligible to be served.)

Young Offenders: Those sentenced offenders up to 24 years of age under the supervision of the adult criminal justice system.

The applicant organization must clearly state in the application **Abstract** and in the **Project Narrative** which population is to be served and the number of clients to be served each year.

In addition to qualifying as either a “juvenile offender” or a “young offender” as defined above, individuals must meet the following qualifications to receive services funded under this grant program. They must:

- Be assessed as substance-abusing or diagnosed as having a substance abuse disorder;
- Have been sentenced by the criminal or juvenile justice system to incarceration;
- If incarcerated, be within one year of scheduled release to the community in order to receive services in the correctional/detention setting (including limited assessment, transition planning, and systems coordination). – (Note: see Program Expectations section of this RFA); and
- If already released to the community from incarceration,

be within 60 days after serving a juvenile/criminal sentence.

Background

Statistics regarding juvenile offenders indicate that “juveniles were involved in 16 percent of all violent crime arrests and 32 percent of all property crimes in 1999...” As the trend toward confining greater numbers of juveniles and young offenders continues, so does the growing number of young offenders reentering our communities. An estimated 100,000 youth are released from secure and residential facilities and returned to the community each year. Research also shows that a small percentage of juveniles commit an overwhelming majority of juvenile crime, and that a substantial number of these juvenile and young adult offenders are substance-involved or have substance abuse disorders.

Over the past decade, interest in the issue of the need for a continuing care system for juvenile and young adult offenders has grown as States and local communities have struggled with the increasing number of these individuals returning to the community after release from correctional confinement. Often the juvenile or adult criminal justice system has services and structures in place for these offenders at entry into the system (i.e., at pre-trial or adjudication), but there are few and fragmented services in place for these young offenders as they are released from correctional settings. Reentry into the community and reintegration into the family are risky times for these offenders and their families. The U.S. Department

of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP) indicates that in the first year following release young offenders re-offend at a rate of sixty-three (63) percent. Substance abuse treatment for offenders in prison and in the community has been extensively studied and evaluated over the past several years, and the results are consistent and clear – treatment works, reducing crime and recidivism. SAMHSA/CSAT recognizes the need to successfully return and reintegrate these youths into the community by providing substance abuse treatment and other related reentry services while also ensuring public safety for the community and family. This program builds on previous and ongoing SAMHSA/CSAT criminal and juvenile justice program initiatives, and builds on learning gained from these previous initiatives

This program addresses all three of SAMHSA’s primary goals of “accountability, capacity, and effectiveness” of substance abuse treatment services. Furthermore, this program reflects the “criminal justice” priority in “SAMHSA’s Matrix of Program Priorities” as it addresses the needs of offenders in the juvenile justice and the adult criminal justice systems.

This program also addresses key elements of SAMHSA/CSAT’s “Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan (NTP) Initiative.” This program specifically addresses three NTP key elements:

- “Invest for Results” by closing serious gaps in treatment

capacity for communities dealing with reentering young offenders, thereby reducing associated health, economic, crime victim, and social cost;

- “No Wrong Door” to treatment by providing access to treatment for persons involved in the juvenile justice or adult criminal justice systems; and
- “Building Partnerships” by requiring close partnerships among the justice, substance abuse, and other systems.

(See **Appendix A** for information about the NTP.)

Program Expectations

Offender reentry, often called reintegration or continuing care, is the process an offender in a juvenile or adult correctional facility goes through as he/she transitions from the institution to the community.

SAMHSA/CSAT has a substantial interest in funding projects that provide **both systems linkages and services/treatment** for the reentering young offender. Applications must propose to address both of these areas, and funds must be used to support the following activities:

Systems Linkages: Activities that support communities in their development of a comprehensive, multi-agency approach to expanding and/or enhancing substance abuse treatment in addition to juvenile/criminal justice supervision to targeted juveniles and young adults leaving incarceration and

returning to the community and to their families.

Services/treatment: Activities that improve the health of the targeted clients by:

- providing comprehensive substance abuse treatment for the client diagnosed as having a substance abuse disorder;
- improving family functioning;
- helping clients develop job skills and find jobs;
- reducing the likelihood the client will be re-arrested; and
- reducing the crime rate and the number of victims.

Because CSAT’s focus is on the return of the young offender to the community, the expectation is that most proposed treatment and related reentry services will be provided in the community. However, recognizing that effective offender reentry requires assessment and release planning while the offender is incarcerated, limited funds (**no more than 15% of overall grant funding**) may be used for certain activities inside juvenile or adult institutional correctional settings for:

1. Systems coordination planning and developmental activities that bring together all the key stakeholder agencies/organizations identified in the MOU to form partnerships that will plan, develop, and provide substance abuse treatment and related reentry services in the community.

2. The development of systems linkages and referral processes in both institutional and communities settings.
3. Purchase and/or administration of brief diagnostic and screening tools for identification of substance abuse issues for the targeted offender population.
4. Purchase and/or administration of substance abuse instruments for the targeted offender population.
5. Intake and/or case management staff with substance abuse treatment expertise to administer assessment instruments and to assist correctional staff in developing the individual offender transition plans for reentry into the community.
6. Community-based organizations, including faith-based groups, to go inside the correctional institution to begin wrap around transition planning activities such as, but not limited to, jobs skills planning or educational program planning for community follow up upon release.

Upon release of the offender to the community, funds should be used to provide effective, comprehensive substance abuse and related reentry services to the target population. The following represents a comprehensive but not inclusive range of systems linkage coordination activities and treatment services to be provided, and for which funds may be used.

Systems-linkage activities:

1. Systems coordination planning and developmental activities that bring all the key stakeholder agencies/organizations together.
2. The development of systems linkages and referral sources in the community.
3. Efforts to increase treatment capacity to provide immediate entry into substance abuse treatment.
4. Assistance in paying for Department of Labor Bonding for employment of the substance-abusing offender.

Services to Individuals:

1. Alcohol and drug (substance abuse) treatment.
2. Wrap around services supporting the access to and retention in substance abuse treatment or to address the treatment-specific needs of clients during or following a substance abuse treatment episode.
3. Screening, assessment, case management, program management and referrals related to substance abuse treatment for clients.
4. Comprehensive individual assessment for alcohol and drug abuse.
5. Individualized services planning.
6. Case management, using a team approach that includes

- juvenile or adult criminal justice supervising authorities, substance abuse treatment professionals, existing treatment alternatives organizations such as TASC or similar treatment referral and case management models, and law enforcement as appropriate to the community setting.
7. Drug testing as required for supervision, treatment compliance, and therapeutic intervention.
 8. Support in obtaining a GED and/or other necessary education.
 9. Relapse prevention and long-term management support.
 10. As appropriate for juvenile populations, continuing care programming, including peer support groups and mentoring services.
- Provide substance abuse treatment services to incarcerated populations (defined as those persons in jail, prison, detention facilities or in custody where they are not free to move about in the community).
 - Provide mental health treatment services to incarcerated offenders or offenders who have reentered the community.
 - Provide residential treatment services when the residential facility has not yet been acquired, sited, approved and met all requirements for human habitation and services provision, and been operating for a period of two years. (Expansion or enhancement of existing residential facilities is permissible.)
 - Pay for the construction of any building or structure. (Applicants may request up to \$75,000 for renovations and alterations to existing facilities.)
 - Pay for housing other than residential substance abuse treatment.
 - Provide inpatient treatment, or hospital-based detoxification services.
 - Provide any services in a program implementing stated "harm reduction" philosophy or practice.

As indicated previously, applicants may propose a planning phase of up to six months of the first year of funding for systems linkages activities. However, even with unexpected delays that may occur, grantees must begin delivery of treatment and reentry services by the end of the first year in order to receive continuation funding for additional years.

Funding Restrictions

Grant funds may not be used to:

- Pay for incentives to induce clients to enter treatment. However, a grantee or treatment provider may provide up to \$20 or equivalent (coupons, bus tokens, gifts) to clients as incentives to participate in the required GPRA data collection follow up. (See Evaluation Requirements: GPRA for details on follow up data collection).
- Carry out syringe exchange programs, such as the purchase and distribution of syringes and/or needles.
- Pay for pharmacologies for HIV antiretroviral therapy, STDs, TB and hepatitis B and C.

Note: The primary health care needs including HIV pharmacology, and the mental health care needs of the targeted population must be met as part of this program, but SAMHSA/CSAT will not pay for these services.

Evaluation Requirements

Government Performance and Results Act (GPRA)

GPRA mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in evaluating the effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Grantees must comply with GPRA data

collection and reporting requirements, including the collection of CSAT Core Client Outcomes (see Appendix C). Appendix B contains a detailed description of CSAT's GPRA strategy.

CSAT GPRA requirements include data collection about grant-supported service recipients at baseline/intake, six months after intake, and twelve months after intake. Grantees are expected collect baseline GPRA data on all persons served through the grant, and six and twelve month data on a minimum of eighty percent (80%) of all clients in the intake sample. Grantees should consider this requirement when preparing the evaluation budget section of the application.

CSAT's GPRA Core Client Outcome domains are:

Ages 18 and above: Percent of service recipients who: have no past month substance abuse; have no or reduced alcohol or illegal drug consequences; are permanently housed in the community; are employed; have no or reduced involvement with the criminal justice system; and have good or improved health and mental health status.

Ages 17 and under: Percent of service recipients who: have no past month use of alcohol or illegal drugs; have no or reduced alcohol or illegal drug consequences; are in stable living environments, are attending school; have no or reduced involvement in the juvenile justice system; and have good or improved health and mental health status.

Applicants must clearly state which GPRA service population they propose to address.

Local Evaluation

In addition to primarily obtaining and reporting GPRA requirements, grantees must conduct a local evaluation.

The local evaluation should be designed to provide regular feedback to the project to help the project improve services, therefore, beyond GPRA, the local evaluation should provide basic information focusing on specific issues related to the population(s) being served.

Further, the applicant's local evaluation plan should include process and outcome components:

Process, addressing issues such as:

- How closely did implementation match the plan?
- What types of deviation from the plan occurred?
- What led to the deviations?
- What impact did the deviations have on planned intervention and evaluation?
- Who provided (program, staff) what services (modality, type, intensity, duration) to whom (client characteristics) in what context (system, community) at what cost (facilities, personnel, dollars)?

Outcome, in addition to addressing GPRA, the applicant can address issues such as:

- What was the effect of treatment on service participants?
- What program/contextual factors were associated with outcomes?
- What client factors were associated with outcomes?
- How durable were the effects?

Applicants should take into account their evaluation plan when preparing the project budget.

Post Award Requirements

Reporting Requirements

- Grantees must submit progress and financial reports and a final report. CSAT will provide guidelines and requirements for these reports to grantees at the time of award and at the initial grantee orientation meeting after award. CSAT program staff will use this information to determine progress of the grantee toward meeting its goals. CSAT, through its contractor, will provide each grantee a computer diskette and instructions for completing and submitting the required GPRA data.
- Grantees must provide information needed by SAMHSA to comply with the Government Performance and Results Act (GPRA) reporting requirements. Progress towards accomplishing GPRA requirements (in terms of the number of clients to be served and the number of clients

to be administered the GPRA tool) will be considered by SAMHSA/CSAT in determining continuation of the grant after year one, in determining funding levels after year one, and in determining approval of requests for “no cost” extensions after completion of the four year grant period.

- The final report must summarize information from the quarterly reports and describe the accomplishments of the project and planned next steps for implementing plans developed during the grant period.
- Grantees must inform the Project Officer of any publications based on the grant project.
- The grantee must adhere to all “terms and conditions” attached to the SAMHSA Notice of Grant Award.

Other Requirements

SAMHSA/CSAT will provide post award support to grantees through technical assistance on clinical, programmatic, and evaluation issues; data collection, analysis, and interpretation; and development of reports, products, and publications.

- Grantees must attend (and, thus must budget for) two technical assistance meetings in the first year of the grant, and two meetings in each of the remaining years. Each meeting

will be three days. A minimum of three persons (Program Director, Program Evaluator, and clinical staff) is expected to attend each meeting. These meetings will usually be held in the Washington, D.C., area.

- Grantees will be responsible for ensuring that all direct providers of services involved in the proposed system are in compliance with all local, city, county, and State licensing, certification, or accreditation requirements.
- To facilitate coordination of substance abuse treatment activities within a State, the applicant must notify the Single State Agency (SSA) within 30 days of receipt of an award.
- CSAT will monitor the grantee’s progress in achieving the goals and objectives provided in the application. Grantees will be held accountable for the information provided in the application as it relates to the number of clients to be served with the award funds. CSAT program officials will take into consideration a grantee’s progress in meeting goals and objectives, and the grantee’s failures and corresponding strategy for overcoming these problems when making an annual recommendation as to continuation of the grant, and amount of any continuation award. A grantee’s failure to meet its goals and objectives

may result in reduction or loss of an award.

What to Include in Your Application

In order for your application to be complete, it must include the following in the order listed. Check off areas as you complete them for your application.

☐ **1. FACE PAGE**

Use Standard Form 424, which is part of the PHS 5161-1. See Appendix A in Part II of the RFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

Note: When entering the amount of Federal funds requested on the face page, be sure to include the total amount (direct and indirect costs) for **the first year of award only**, not the entire grant period of four years.

☐ **2. ABSTRACT**

Your total abstract should not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.

☐ **3. TABLE OF CONTENTS**

Include page numbers for each of the major sections of your application and for each appendix.

☐ **4. BUDGET FORM**

Standard Form (SF) 424A, which is part of the PHS 5161-1 is to be used for the budget. Fill out sections B, C, and E of the SF 424A. Follow instructions in Appendix B of Part II of the RFA.

☐ **5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION**

The Project Narrative describes your project. It consists of Sections A through D. These sections may not be longer than 25 pages. Applications exceeding 25 pages for Sections A through D will not be reviewed. More detailed information about Sections A through D follows #10 of this checklist.

Section A – Project Narrative

Understanding the Problem,
Justification of Need, and Project
Description

Section B – Project Narrative

Project Plan

Section C – Project Narrative

Evaluation/GPRA

Section D – Project Narrative

Project Management

The Supporting Documentation section of your application provides additional information necessary for the review of your application. This Supporting Documentation should be provided immediately following your Project Narrative in Sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

Ⓔ **Section E - Literature Citations.** This section must contain complete citations, including titles, dates, and all authors,

for any literature you cite in your application.

Ⓔ **Section F** - Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget as well as a description of existing resources and other support you expect to receive for the proposed project. **(See Part II of the RFA, Example A, Justification).**

Ⓔ **Section G** - Biographical Sketches and Job Descriptions

- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from the individual with a current biographical sketch.
- Include job descriptions for key personnel. They should not be longer than **1 page**.
- **Sample sketches and job descriptions are listed on page 22, Item 6 in the Program Narrative section of the PHS 5161-1.**

Ⓔ **Section H** - SAMHSA's Participant Protection. The elements you need to address in this section are outlined in the **SAMHSA Participant Protection** section of this announcement that immediately follows the **Project Narrative** section.

☐ **6. APPENDICES 1 THROUGH 5**

- Use only the appendices listed below.

- **Do not** use appendices to extend or replace any of the sections of the Project Narrative unless specifically required in this RFA (reviewers will not consider them if you do).
- **Do not** use more than **30** pages (plus all instruments) for the appendices.

Appendix 1:

Completed Certification of Eligibility (See Appendix E of this RFA) and supporting documentation, including certificates of licensure.

Appendix 2:

Memorandum of Understanding (MOU) and letters of support from stakeholders and project participants. Also, Coordination with Other Federal/Non-Federal Programs as required in Part II of this RFA.

Appendix 3:

Data Collection Instruments/Interview Protocols
(Appendix #3 has no page limits.)

Appendix 4:

Sample Consent Forms

Appendix 5:

Letter to Single State Agency (SSA)

☐ **7. ASSURANCES**

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

☐ **8. CERTIFICATIONS**

Use the "Certifications" forms, which can be found in PHS 5161-1. See Part II of the RFA for instructions.

❑ **9. DISCLOSURE OF LOBBYING ACTIVITIES** (See form in PHS 5161-1)

Appropriated funds, other than for normal and recognized executive-legislative relationships, may not be used for lobbying the Congress or State legislatures. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. (Please read **Part II** of the RFA.)

❑ **10. CHECKLIST** (Found in the PHS 5161-1)

You must complete the Checklist. See Part II, Appendix C of the RFA for detailed instructions.

Project Narrative - Sections A through D

In developing your application, use the instructions below that have been tailored to this program. These are to be used in lieu of the "Program

Narrative" instructions found in the PHS 5161-1 on page 21.

Sections A through D are the Project Narrative of your application. These sections describe what you intend to do with your project. Below you will find detailed information on how to respond to Sections A through D. Sections A through D may not be longer than **25** pages.

- Your application will be reviewed and scored against the requirements described below for sections A through D. These sections also function as review criteria.
- A peer review committee will assign a point value to your application based on how well you address **each** of these sections.
- The number of points after each main heading shows the maximum number of points a review committee may assign to that category.
- Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.
- Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assigned based on how well you address cultural competency aspects of the review criteria. SAMHSA's guidelines for cultural

competence are included in Part II of the RFA, Appendix D.

Section A: Understanding the Problem, Justification of Need, and Project Description

20 points

- Discuss offender reentry, showing an understanding of the substance abuse relationship to crime, the obstacles to effective reentry, and solutions to the obstacles. Review recent literature and other information that demonstrates a thorough understanding of the substance abuse issues in the proposed target population.
- Demonstrate an understanding of key stakeholder partnerships needed to plan, develop, and provide substance abuse treatment and related reentry services.
- Describe the problem the project will address in terms of unmet treatment need for the target population, using local data to the extent possible.
- Clearly indicate which one of the target populations (sentenced juveniles or young adults) are to be served, and provide the rationale for selecting the target population.
- Describe how the proposed approach is appropriate to the target population.

- Describe the target population in terms of demographics.
- Demonstrate that the target population meets the qualifications listed in “Target Population”.
- Describe the geographic area that will have access to expanded or enhanced services and provide recent population numbers for the area.
- Fully describe existing services, including the number and type of current treatment services/slots/beds available and the number of people currently being served.

Section B: Project Plan
35 points

- Describe the proposed project for meeting the needs you described above in Section A: Understanding the Problem, Justification of Need, and Project Description, making sure that the design is consistent with the **Program Expectations** section of this RFA.
- Describe the systems linkages component of the project design, and define the role and responsibility of each stakeholder in the MOU.

- Clearly state the numbers of clients you propose to serve with grant funds. Separate by “expansion” services and “enhancement” services, and by grant year.

If expanding services, fully describe the number of additional people to be served each year with the grant funds, and the four-year total. State the types of services you will provide these individuals.

If enhancing services, specifically describe the enhancements, and provide evidence that the enhancements have been effective in similar settings or are based on scientifically derived theory. State the number of persons who will receive enhanced services by grant year and the four year total.

- Explain the timeframe for year one planning of systems coordination and development; indicate the proposed number of months of planning before actual services provision. (Make sure to comply with the RFA requirement that only up to six months of year one may be used for this purpose.)
- Explain how you propose to provide services to the target population in the correctional or detention facility and which services will be provided there. Discuss how these services are

consistent with the limitations on funding within correctional settings specified under the **Program Expectations** section of this RFA.

- Explain how you propose to provide services to the target population after return to the community, which treatment and related reentry services will be provided, who will provide these services, and how the stakeholders’ partnership will coordinate the services and supervision.
- Demonstrate how the proposed project will have a significant impact on the described need during the four years of funding. Demonstrate that the number of persons to be served and the anticipated outcomes of service represent an effective use of funds requested.
- Demonstrate that the proposed project is a culturally competent, effective model that is consistent with the goals of this RFA.
- Discuss how the project will address age, race/ethnic, cultural, language, sexual orientation, disability, literacy, and gender issues relative to the target population.

Section C: Evaluation/GPRA **15 points**

- Describe plans to comply with GPRA requirements, including the collection of CSAT’s GPRA

Core Client Outcomes, and tracking and follow-up procedures to meet the 80% follow-up standard.

- Describe the local evaluation plan, including plans to assess process and client outcome, to ensure the cultural appropriateness of the evaluation, and to integrate the local evaluation with GPRA requirements. Describe plans for data collection, management, analysis, and interpretation.
- Discuss instruments to be used, including their reliability, validity, and cultural appropriateness. Document the appropriateness of the proposed approaches to gathering quantitative and qualitative data for the target population. Address not only traditional reliability and validity but sensitivity to age, gender, language, sexual orientation, culture, literacy, disability and racial/ethnic characteristics of the target population.
- Describe plans for reporting and disseminating the project's findings.
- State agreement to participate in all technical assistance and training activities designed to support GPRA and other evaluation requirements.
- Provide examples of forms that will be signed by clients that permit the appropriate exchange

of treatment and other information between the named agencies (i.e., confidentiality waiver forms). Further, provide any data sharing agreements that the key stakeholders will use. Place all of this documentation in **Appendices 3 (Data Collection Instruments/Interview Protocols) and 4 (Sample Consent Forms)** of your application.

Section D: Project Management 30 points

Implementation and Operation Plan

- Present a plan for the implementation and operation of the project to achieve the intended results. Include a schedule and timeline of activities and products, target dates and person(s) responsible; and how multi-agency and/or system arrangements will be implemented and managed.
- Describe how the applicant will provide effective management, fiscal, and administrative monitoring and oversight of the grant including the treatment providers and other contractors (including evaluators).
- Present a time line for implementing the project, and demonstrate that the project will be fully operational within six months and providing treatment and related reentry services to

the target population within the first year.

Organization Capability

- Describe your experience with the implementation of multi-agency systems partnerships and multi-system programs. Discuss how this experience will contribute to the success of your project.
- If subcontractors are involved, describe their organizational capabilities, and what they will contribute to the project.

Staff and Staffing Plans

- Provide a staffing plan, showing an organizational chart. Include staff, consultants, subcontractors, and collaborating agencies.
- Provide the level of effort and qualifications of the Project Director and other key personnel.
- Provide evidence that the proposed staff have requisite training, experience, and cultural sensitivity to provide services to the target population. Show evidence of the appropriateness of the proposed staff to the language, age, gender, sexual orientation, disability, literacy, and ethnic, racial, and cultural factors of the target population.

Equipment and Facilities

- Describe facilities and equipment available to the project, and any equipment that will have to be procured for the project. Equipment and facilities must be shown to be adequate for the proposed project activities; accessible to the target population; and American Disabilities Act compliant.

Budget, Sustainability and Other Support

- Provide evidence that resources necessary for meeting the goals and objectives of the application but not funded as part of the SAMHSA/CSAT request are adequate and accessible.
- Provide evidence that SAMHSA/CSAT funds will complement or leverage funds from other sources.
- Provide a plan to secure resources or obtain support to continue activities funded by this program at the end of the period of Federal funding.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the appropriateness of the budget after the merits of the application have been considered.

In submitting the line item budgets for each year of the proposed grant, the applicant is to use annualized budgets that are the same each year. This

means that the amount requested in the first year (for example, \$300,000 in total costs) should be the amount requested for each of the remaining two years (\$300,000). Applicants should request a full year's funding in the first year although there is recognition that most projects will not begin operating and serving clients in the first few weeks.

Applicants may build in cost-of-living increases for the second and third years, but the costs must come from within the other budget lines. For example, an applicant may increase salaries by 3% in accordance with cost of living increases, but the total amount of the budget request must remain at the year one level (using the above indicated example, \$300,000 for each year).

SAMHSA's Participant Protection Requirements

The Director of CSAT has determined that the Young Offender Reentry Program is subject to SAMHSA's Participant Protection Requirements. Part II of the RFA provides a description of SAMHSA's Participant Protection Requirements.

SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved. Problems with participant protection identified during peer review of your application may result in the delay of funding. See Part II of the RFA for more information on participant protection.

You must address each element regarding participant protection in your supporting documentation. If any one or all of the elements is not relevant to your project, you must document the reasons that the element(s) does not apply.

This information will:

1. Reveal if the protection of participants is adequate or if more protection is needed.
2. Be considered when making funding decisions

Projects may expose people to risks in many different ways. In this section of your application, you will need to:

- Identify and report any possible risks for participants in your project.
- State how you plan to protect participants from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

Each of the following elements must be discussed:

? Protect Clients and Staff from Potential Risks

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.
- Discuss risks that are due either to participation in the project itself, or to the evaluation activities.

- Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- Give plans to provide help if there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you do not decide to use these other beneficial treatments, provide the reasons for not using them.

? Fair Selection of Participants

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other groups.
- Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

? Absence of Coercion

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required.

For example, court orders requiring people to participate in a program.

- If you plan to pay participants, state how participants will be awarded money or gifts.
- State how volunteer participants will be told that they may receive services even if they do not complete the study.

? Data Collection

- Identify from whom you will collect data; for example, participants themselves, family members, teachers, others. Describe the data collection procedure and specify the sources for obtaining data; for example, school records, interviews, psychological assessments, questionnaires, observation, or other sources. Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in **Appendix 3, “Data Collection Instruments/Interview Protocols,”** copies of all available data collection instruments and interview protocols that you plan to use.

? Privacy and Confidentiality:

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

? Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.
- State:
 - Whether or not their participation is voluntary,
 - Their right to leave the project at any time without problems,
 - Possible risks from participation in the project,
 - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you **must** get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your **Appendix 4, titled “Sample Consent Forms.”** If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data.
- Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do

not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

- Confidentiality/SAMHSA Participant Protection

? Risk/Benefit Discussion:

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies and special considerations requirements related to this program are found in **Part II** of the RFA. The policies, special considerations, and requirements related to this program are:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse
- Promoting Nonuse of Tobacco
- Coordination with Other Federal/Non-Federal Programs (put documentation in **Appendix 2**)
- Letter of Intent
- Single State Agency (SSA) Coordination (put documentation in **Appendix 5** of your application.)
- Intergovernmental Review (E.O. 12372)
- Public Health System Reporting Requirements

Appendix A: The National Treatment Plan Initiative (NTP)

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative" (NTP) to build on improving recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation." The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or systems through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT and the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site-www.samhsa.gov (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

Appendix B: CSAT's GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to explain their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or as needed to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established. ¹
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.
Project contract.	An individual grant, cooperative agreement, or

¹GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy=s Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT=s activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP=s goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these Aend@ outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSATs APROGRAMS@ FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or Aprogrammatic goals@ for GPRA reporting purposes:

- ! Goal 1: Assure services availability;
- ! Goal 2: Meet unmet and emerging needs;
- ! Goal 3: Bridge the gap between research and practice;
- ! Goal 4: and Enhance service system performance²

The following table provides the crosswalk between the budget/statutory authorities and the Aprograms@:

	KD&A	TC E	SAPT B G	ND C
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

²Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

KD - Knowledge Development
Treatment Block Grant

SAPTBG - Substance Abuse Prevention and

KA - Knowledge Application

TCE - Targeted Capacity Expansion

NDC - National Data Collection/Data Infrastructure

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.³ In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

\$ Number of clients served (unduplicated)

\$ Increase % of adults receiving services who:
(a) Were currently employed or engaged in productive activities;
(b) Had a permanent place to live in the community;
(c) Had no/reduced involvement with the criminal justice system.

\$ Percent decrease in
(a) Alcohol use;
(b) Marijuana use;
(c) Cocaine use;
(d) Amphetamine use
(e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

\$ Increase % of States that express satisfaction with TA provided

\$ Increase % of TA events that result in systems, program or practice improvements

³Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for Aservices@ programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- ! Were identified needs met?
- ! Was service availability improved?
- ! Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- ! Percent of adults receiving services increased who:
 - a) Were currently employed or engaged in productive activities
 - b) Had a permanent place to live in the community
 - c) Had reduced involvement with the criminal justice system
 - d) Had no past month use of illegal drugs or misuse of prescription drugs
 - e) Experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs
- ! Percent of children/adolescents under age 18 receiving services who:
 - a) Were attending school
 - b) Were residing in a stable living environment
 - c) Had no involvement in the juvenile justice system
 - d) Had no past month use of alcohol or illegal drugs
 - e) Experienced reduced substance abuse related health, behavior, or social consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This Aprogram@ or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT=s portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- ! Knowledge was developed; and
- ! The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or Afield reviewers@, as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).⁴ In addition, input on other topics (such as what additional work in the area may be needed, substantive and AKD process@ lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This Aprogram@ involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.⁵ Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

⁴The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

⁵Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see AEnhance Service System Performance,@ below).

Activities in this program have the purpose of moving Abest practices@, as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a Abest practice.@⁶ In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from APromote the adoption of best practices@ primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on Asystems@ rather than more broadly on Aservices.@ The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of APromoting the adoption of best practices.@

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to Areal@ management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

⁶Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

Appendix C: CSAT's GPRA Client Outcome Measures for Discretionary Programs

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

CSAT GPRA Client Outcome Measures for Discretionary Programs

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

A. RECORD MANAGEMENT

Client ID | | | | | | | | | | | |

Contract/Grant ID | | | | | | | | | | | |

Grant Year | | |
Year

Interview Date | | | | / | | | | / | | | |

Interview Type 1. INTAKE 2. 6 month follow-up 3. 12 month follow-up

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following: Number of Days

a. Any Alcohol | | | |

b. Alcohol to intoxication (5+drinks in one sitting) | | | |

c. Illegal Drugs | | | |

2. During the past 30 days, how many days have you used any of the following: Number of Days

a. Cocaine/Crack | | | |

b. Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane] | | | |

c. Heroin [Smack, H, Junk, Skag], or other opiates | | | |

d. Non prescription methadone | | | |

e. Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel] MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms, Mescaline..... | | | |

f. Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank] | | | |

g. Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics, [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, Vitamin K, Cat Valiums; Rohypnol, Roofies, Roche] | | | |

h. Inhalants, [poppers, snappers, rush, whippets] | | | |

i. Other Illegal Drugs--Specify _____ | | | |

3. In the past 30 days have you injected drugs? ? Yes ? No

C. FAMILY AND LIVING CONDITIONS

1. **In the past 30 days, where have you been living most of the time?**
 - ? Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)
 - ? Street/outdoors (sidewalk, doorway, park, public or abandoned building)
 - ? Institution (hospital., nursing home, jail/prison)
 - ? Housed (Own, or someone else=s apartment, room, house halfway house, residential treatment)
2. **During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?**
 - ? Not at all
 - ? Somewhat
 - ? Considerably
 - ? Extremely
3. **During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?**
 - ? Not at all
 - ? Somewhat
 - ? Considerably
 - ? Extremely
4. **During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?**
 - ? Not at all
 - ? Somewhat
 - ? Considerably
 - ? Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]
 - ? Not enrolled
 - ? Enrolled, full time
 - ? Enrolled, part time
 - ? Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

2a. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?

? Yes ? No

3. **Are you currently employed?** [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]

- ? Employed full time (35+ hours per week, or would have been)
- ? Employed part time
- ? Unemployed, looking for work
- ? Unemployed, disabled
- ? Unemployed, Volunteer work
- ? Unemployed, Retired
- ? Other Specify_____

4. **Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days fromY**

		INCOME			
a. Wages	\$.00
Public assistance.....	\$.00
Retirement.....	\$.00
Disability.....	\$.00
Non-legal income	\$.00
Other_____..	\$.00
(Specify)					

E. CRIME AND CRIMINAL JUSTICE STATUS

- In the past 30 days, how many times have you been arrested? |____|____| times
- In the past 30 days, how many times have you been arrested for drug-related offenses? |____|____| times
- In the past 30 days, how many nights have you spent in jail/prison? |____|____| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

- How would you rate your overall health right now?
 - ? Excellent
 - ? Very good
 - ? Good

? Fair
 ? Poor

3. During the past 30 days, did you receive

a. Inpatient Treatment for:

No	Yes ?	If yes, altogether for how many nights (DK=98)
?	?	_____
?	?	_____
?	?	_____

b. Outpatient Treatment for:

No	Yes ?	If yes, altogether how many times (DK=98)
?	?	_____
?	?	_____
?	?	_____

c. Emergency Room Treatment for:

No	Yes ?	If yes, altogether for how many times (DK=98)
?	?	_____
?	?	_____
?	?	_____

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)**1. Gender**

- ? Male
? Female
? Other (please specify) _____

2. Are you Hispanic or Latino?

- ? Yes ? No

3. What is your race? (Select one or more)

- | | |
|-----------------------------|-------------------------|
| ? Black or African American | ? Alaska Native |
| ? Asian | ? White |
| ? American Indian | ? Other (Specify) _____ |
| ? Native Hawaiian or other | ? Pacific Islander |

4. What is your date of birth?

____|____| / ____|____| / ____|____|
Month / Day / Year

Appendix D: Proposed Number of Service Recipients – Guidelines and Definitions

Instructions

The applicant must specify the proposed number of service recipients in the **Abstract** and in the **Project Narrative** under **Section B: Project Plan**.

In estimating the number of service recipients proposed for each grant year, take into account start-up during early project months and any changes expected during the course of the funding period.

Service Expansion: Expansion applications propose to **increase the number of clients receiving services** as a result of the award. Clearly state the additional annual admissions you anticipate by use of the Young Offender Reentry Program (YORP) funds, not those now being served. For example, a treatment facility that currently admits to services 50 persons per year may propose to expand service capacity to be able to admit 75 more persons annually. In this example, the applicant would indicate in the Abstract and in Section B that the proposal is to serve 75 persons annually.

Service Enhancement: If you **propose to improve the quality or intensity of services**, for instance, by adding state-of-the-art treatment approaches, or adding a new service to address special needs of clients, specify the number of persons who will receive expanded services. Although service enhancements may not increase the number of clients being served per se, you should specify the current and proposed number of clients who will receive the new enhancement services. Do not double-count clients. Some clients, for instance, may begin to receive an enhanced service near the end of Year 1 and continue receiving the service into Year 2, in which case you should count the clients only in Year 1. Numbers should also be unduplicated across services. For instance, if you propose to enhance services through the addition of case management and employment counseling, some clients may receive both types of services. Do not double-count these clients.

Total # Persons Served: Specify the **total number of persons who will receive grant-supported services**. These numbers should be unduplicated, so that numbers stated here might not equal the sum of “enhanced” and “expansion” clients served. If some clients will receive both enhanced and expanded services, do not double-count these clients. The key is, count individual clients served, not services provided. To specify the total number of persons served, estimate the unduplicated number of individuals who will receive grant-supported services.

A table format is suggested for portraying these data, but not required.

Appendix E: Certification of Substance Abuse Treatment Provider Eligibility

An authorized representative of the **applicant organization** must complete and sign this Certification. **Appendix 1 of the application** must include this Certification and all supporting documentation specified within it, such as certificates of licensure. **Any application that does not contain a completed, signed copy of this Certification, or does not contain necessary supportive documentation, will be deemed ineligible and will not be reviewed. Any application that does not meet all eligibility requirements will be deemed ineligible and will not be reviewed.**

Substance Abuse Treatment Providers

A. RFA Requirement:

1. Provision of direct substance abuse treatment must be part of the proposed project. Grants will not be awarded to applicants that propose only to provide screening, referral, or case management when these services are not clearly and specifically linked to treatment services. At least one provider of direct substance abuse treatment services must be identified within the proposal to provide treatment services. For the purposes of this program, treatment must be provided in outpatient, day treatment or intensive outpatient, or residential programs. If the applicant organization is not a direct provider of substance abuse treatment services, the applicant must document (in **Appendix 1 of the application**) a commitment from an experienced, licensed substance abuse treatment provider to participate in the proposed project.
2. All direct providers of substance abuse services involved in the proposed project – including the applicant organization, if the applicant is a provider – must be in compliance, at the time the application is submitted, with all local, city, county and State requirements for licensing, accreditation, or certification.
3. All direct providers of substance abuse treatment services involved in the proposed project – including the applicant organization, if the applicant is a provider – must have been providing treatment services for a minimum of two years prior to the date of this application. At least one substance abuse treatment provider must meet the two-year requirement within the jurisdiction covered in the application. For instance, if the application is from a county government, the treatment provider must have two years experience in that county.

Demonstration that requirement is met.

1. List all direct providers of substance abuse treatment services that have agreed to participate in the proposed project, including the applicant agency, if the applicant is a provider. Give provider agency name and address. (Attach additional pages if needed).
2. For each listed provider (other than the applicant organization), provide a letter of commitment from the provider agreeing to participate in the proposed project and specifying the type of services to be provided.
3. For each listed provider, including the applicant agency, if the applicant agency is a provider, enclose documentation that the provider has been delivering substance abuse treatment services for at least two years. Documentation may include copies of articles of incorporation, licenses or certificates from two or more years before submission of the application, or other official documents that definitively establish that the providers meets the two-year requirement. A letter from the provider agency stating a two-year history does not constitute proof.
4. For each listed provider, including the applicant agency, if the applicant agency is a provider, enclose documentation that the provider agency complies with all local, city, county and State requirements for licensing, accreditation, or certification; or, provide documentation that the local/State government does not require licensing, accreditation, or certification. Documentation of licensing, accreditation, or certification should either be a copy of the license, etc., or a letter from an appropriate accrediting agent affirming licensure status. Documentation that no requirements exist must come from an appropriate agency of the applicable State, county, or other governmental unit. A letter from the applicant organization or from a listed provider attesting to compliance with this licensing requirement, or that no licensing requirements exist, does not constitute adequate documentation.

Circle Yes or No

Yes No At least one provider of direct substance abuse treatment services is listed.

Yes No This Appendix contains a letter of commitment from each listed provider (other than the applicant organization).

Yes No This Appendix contains documentation that each listed provider has been providing substance abuse treatment services for at least two years.

Yes No This Appendix contains documentation that at least one listed substance abuse treatment provider meets the two-year requirement within the jurisdiction covered in the application.

Yes No This Appendix contains documentation that each listed provider complies with applicable licensing, accreditation, or certification requirements.

Note: If you cannot answer “Yes” to all of these statements, you are not eligible and should not submit an application.

B. RFA Requirement:

If applying for funds for residential treatment services expansion or enhancement, provide licensing documentation that indicates the residential facility has been built and has been approved/certified/licensed for habitation and provision of treatment and any ancillary services as required by existing State and local laws or regulations.

Demonstration that requirement is met.

Circle Yes or No

1.Yes No This application proposes to use funds for residential treatment services. (If “no,” skip to **Active Role of Applicant**. If “yes,” answer remaining questions in this section.)

2.Yes No Documentation is attached that the residential facility has been built and has been approved/certified/licensed for habitation and provision of treatment and any ancillary services as required by existing State and local laws or regulations.

Note: If you propose to use funds for residential treatment services (circled “Yes” to item 1) but circled “No” to item 2, you are not eligible and should not submit an application.

Active Role of Applicant

RFA Requirement:

Applicant units of government may not submit “pass through,” “umbrella,” or “cover letter” applications. The applicant must take an active role in the fiscal management and oversight of the project, coordinate with the providers of treatment services, and be legally, fiscally, administratively, and programmatically responsible for the grant if awarded.

Demonstration that requirement is met:

Circle Yes or No

Yes No The applicant organization will take an active role in the fiscal management and oversight of the project, coordinate with the providers of treatment services, and be legally, fiscally, administratively, and programmatically responsible for the grant.

Note: If you did not circle “Yes” to this statement, you are not eligible and should not submit an application.

This form must be signed and dated below by an authorized representative of the applicant organization.

Type or print name

**Signature of Applicant certifying validity of
all information contained in this document**

Date of Signature